

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. XLVIII

AUGUST 1st, 1944.

No. 7

ON ENGLISH

Two articles in this column have already been devoted to the subject of Medical Education; the question of English is so important that it deserves separate consideration. The first article dealt with Scientific thought in medicine. The student is required to learn a vast array of unrelated facts, many of which have little practical value, many more of which he is most certainly going to forget. When scientific method in teaching is abandoned, the student no longer learns to think for himself, nor does he acquire a general knowledge of other subjects. The second article dealt with textbooks. These are in as urgent need of reorganisation as is the curriculum. In spite of the fact that authors of standard textbooks must be aware that they are addressing students, they make little attempt to limit their subjects. Each, in trying to make the student a specialist, fails to impart the necessary fundamental understanding of his subject by confusing him with detail.

The immense volume of written material produced every year has not improved English language, in spite of, or because of, the universality of its distribution. The turnover of the book publishing trade was £18,000,000 in 1942, and demand greatly exceeded supply. The shortage does not appear to have had its effect upon the quality of writing. Words are chosen badly, and used in so many different senses, that it becomes increasingly difficult to illustrate a shade of meaning. Advertising has strained superlatives beyond their limit of elasticity, and is ever making more to destroy. Looking at the extracts from Bacon's essays used in a following article, it is apparent that each of his words is made to carry its full meaning . . . and more. There are no unnecessary words,

his ideas are revealed with striking clarity. These essays were constantly under revision and expansion throughout the last twenty years of Bacon's life, a marked contrast to modern methods of mass production.

To convey our ideas to others, it is essential, not only to perceive these ideas clearly ourselves, but to have a firm mastery of our tongue, and to be accurate in our use of words. Conversely, precise language clarifies our own ideas, thereby increasing our insight into new problems. This enhances our ability to appreciate the views of others, a faculty singularly lacking in the medical profession. Slovenly use of words has resulted in confused thinking. Confused thinking is constantly exploited by politicians. By frequent use of slogans, which permit of several interpretations, they appear to agree with many more people than they do in fact. "Peace in our time" and "Time is on our side" are two of the more unfortunate. Let them be a warning to those who would create more of the same breed. "Health for all," "The right treatment in the right hospital," "Equal pay for equal work," "Social security from the cradle to the grave"—these may all turn out to be quite pathetic. Medicine is not immune from these deceptions of thought. "The patient's resistance" is met constantly, and yet few have any conception of its nature. The word "disease" is still misused. It is still regarded as an evil spirit with many forms, settling willy-nilly upon unsuspecting persons. Thus treatment is directed at removing the "disease" from the person, who is only too often ignored, unless he yells aloud, forcing his feeling upon the doctor. "Treat the whole patient" is a slogan to which medical men pay lip service, yet how few act upon it. The word

"taxis" is yet another prostitution in the use of words. Why have herniae to be reduced by this mysterious process of Taxis? Respiration is the process of breathing, and ordinarily requires no plural. Pseudocyesis is a condition which settles obligingly upon a woman who was erroneously thought to be pregnant. No one with a lump below his knee would consider that it was "wishing him well," even though his doctor assured him that it was only a "benign" Osteoclastoma. The present method of examination makes it necessary for most students to cram knowledge; observation is not required, but only a precise knowledge of the observations of others. Evidence of independent thought is subordinated to the relatively inaccurate reproduction of the thoughts of others.

The report of secondary education by Lord Northwood finds that the deficiency in the use of language is disgracefully widespread. There are three recommendations, which are easily applicable to medical education:

- (1) Every teacher should realise that he is a teacher of English.

- (2) Pupils should hear English spoken and utter it themselves.

- (3) The pupil should be encouraged to read books of high literary value.

The last is perhaps the most valuable suggestion. In general literature and in the field of medical literature the scholars on the staff should indicate to students books of merit, and urge students to study them. To many students who enjoy literature the medical classics are unknown. It entails much more than reading to profit from such books; their style, construction and thought must be studied. Aid and encouragement are essential. In acquiring proficiency in the use of language, next to studying the masters comes practice in writing.

"Reading maketh a full man; conference a ready man; and writing an exact man."

It is a pity that medicine does not lend itself readily to writing essays or long and wordy case histories. This JOURNAL always welcomes case histories, articles (serious or humorous) written by students. Our standard is not high.

* * * *

We have much pleasure in congratulating
Air Vice-Marshal Geoffrey Keynes on his
election to the Council of the Royal College of
Surgeons and Sir Girling Ball on his re-election
as a Vice-President of the same College.

PENICILLIN

By L. P. GARROD

In a paper in this JOURNAL rather more than a year ago entitled "The Revival of Antisepsis" I pointed out that surgical belief in the usefulness of the chemical treatment of wounds had undergone a radical change since the war began. At the time when this was written penicillin was recognised as being the ideal antiseptic, but comparatively few people had any experience of it. Since then we have had the advantage of a considerable supply at one of the research centres at which treatment with penicillin has been further studied, and many readers of the JOURNAL will have seen patients who have been treated with it with more or less success. Since Bart's has had a considerable share in this work, everyone in the hospital may wish to have some understanding of it, and this the present article is intended to afford.

Penicillin is news, and even the popular press has had so much to say about it that its history

is now almost common knowledge. Fleming's contaminated culture in 1929 in which a mould colony was seen to be destroying those of staphylococci is the starting point of the story, and this mould colony is actually the ancestor of innumerable mass cultures which are now being used for the production of penicillin on a vast scale. Fleming discovered that this mould produced an antiseptic of remarkable qualities with a selective action mainly on gram-positive bacteria. He used it as an ingredient in selective culture media, although he recognised that it might also be used in therapeutics. The crude culture filtrates then available were too weak and too unstable for clinical use. Further progress began only in 1939 when Florey and Chain discovered a method of extracting penicillin in a relatively concentrated form. With the help of other colleagues in Oxford they studied the action of this substance

on many bacteria *in vitro* under various conditions, proceeded then to test its effect on experimental infection in animals, and finally tried it in human infections. These labours reached a stage at which their significance became evident in 1941, and since then progress has been delayed only by difficulty of producing penicillin in adequate quantities.

THE PROPERTIES OF PENICILLIN

Penicillin as available now is a light yellow powder freely soluble in water. It is fairly stable in the dry form, but deteriorates in solution and is rapidly destroyed by heat, by acids and alkalis, the salts of certain metals, alcohols and even by certain bacteria. What it is capable of doing may be gathered from a comparison of its properties with those of the sulphonamide drugs. The nature of their action is the same—*i.e.*, both simply inhibit bacterial growth. There is an enormous difference between them in the concentration necessary to achieve this effect. Sulphonamide treatment is usually aimed at maintaining a concentration in the blood of about 1 in 20,000 (*i.e.*, 5 mg. per 100 c.c. blood). The effective concentration of penicillin cannot be measured in these terms, since pure penicillin is not available, but a round figure roughly indicating the sort of concentration necessary is of the order of 1 in 20 million. Both drugs act well in blood, but another difference becomes apparent when they are called upon to act in a different medium such as the fluid in a wound. Pus contains products which inhibit sulphonamide action, but penicillin is quite indifferent to these and acts as well in pus as in blood. It also acts as well on large numbers of bacteria as on small, and these two properties largely explain its excellence as a local antiseptic. Penicillin has another advantage in almost complete freedom from toxicity. Enormous doses can be given by any route without any serious injury to the tissues, and even the minor ill-effects which have been seen appear to be due to impurities rather than to penicillin itself. Its sole drawback is the rapidity with which it is excreted. The effect of this is that very large doses have to be given at frequent intervals if an adequate concentration is to be maintained in the blood. Florey has aptly compared this form of treatment to trying to maintain the water level in a bath with the plug out.

It is as necessary with penicillin as with sulphonamide, so know the nature of the infection to be treated. While some bacteria are extraordinarily susceptible to it, others are completely unaffected, and to use penicillin in

an effort to eliminate them is a complete waste of valuable material. There are three groups of bacteria against which both the sulphonamides and penicillin are effective, with some important individual differences, and these account for most of the infections in which penicillin has been used.

SUSCEPTIBLE AND RESISTANT BACTERIA

Gram-positive cocci. Apart from the total resistance of *Strep. faecalis* and some strain variation in *Strep. viridans* and perhaps *Pneumococcus* all the pathogenic gram-positive cocci are penicillin-sensitive. Penicillin can therefore be used to supplement the deficiencies of sulphonamide treatment. The greatest of these is the comparative failure of sulphonamide drugs in infections by *Staph. aureus*. Staphylococcal septicæmia, osteomyelitis, carbuncle, and other severe staphylococcal infections therefore afford one of the clearest indications for penicillin treatment. Haemolytic streptococcal and pneumococcal infections, whatever their nature—septicæmia, pneumonia, meningitis, etc.—should only require penicillin when, as occasionally happens, the responsible organism is exceptionally resistant to sulphonamides. Such strains are fully sensitive to penicillin: indeed, no haemolytic streptococcus with any high degree of resistance to penicillin has yet been discovered, although occasional strains of *Staph. aureus* possess this property.

Gram-negative cocci. The pathogenic *Neisserias*, notably the gonococcus, are the most sensitive to penicillin of all micro-organisms. Here again, therefore, penicillin steps in when sulphonamides fail. About 10 per cent. of cases of gonorrhœa are sulphonamide-resistant—a proportion which is said to be rising in some places, as is only to be expected, since strains which survive treatment must naturally tend eventually to predominate. Uncomplicated gonorrhœa at any stage and whether sulphonamide-resistant or not, can be cured by less than 24 hours' treatment with penicillin, involving a total dosage of only about 100,000 units. This rapid effect in an otherwise intractable disease is among the most striking achievements of penicillin, and creates a demand which at present must largely remain unsatisfied. Few cases of meningococcal infection have been treated, since cerebrospinal fever responds well to sulphonamides.

Clostridia. Of the three chief toxigenic clostridia causing gas gangrene *Cl. welchii*, the commonest, and *Cl. septicum* are sulphonamide-sensitive and *Cl. œdematiens* is much more resistant. This is another gap filled by penicillin.

lin, since *Cl. oedematiens* is nearly as sensitive to penicillin as the other two. Recent information from Italy about the treatment of gas gangrene confirms that penicillin will control the spread of the infection, although it by no means removes the need for antitoxin treatment and the excision of affected muscle or even amputation.

Resistant organisms. There are large numbers of species—indeed whole genera—on which penicillin has little or no effect, and apart from the three groups of bacteria already referred to, the only other important pathogens highly susceptible to it are *B. anthracis*, *C. diphtheriae* and *Actinomyces*. In connection with the treatment of wounds and suppuration generally an unfortunate hiatus in the powers of penicillin is its total lack of effect on "coliforms"—*Proteus*, *Ps. pyocyanea*, etc. The sulphonamides have some action on these: penicillin not only has none but they sometimes actually destroy it by producing an enzyme, penicillinase, which decomposes it.

METHODS OF APPLICATION

Systematic Treatment. Of the two ways in which penicillin can be used, this is much the more extravagant, but often the more certain. It aims at maintaining continuously in the blood—and hence in all vascular tissue, including the area of the infection—a sufficient concentration of penicillin to prevent the growth of the invading micro-organism. Since gastric acid destroys penicillin it has to be injected either intravenously or intramuscularly, and since renal excretion is rapid, the dose has to be large and if single injections are given the intervals between them should not exceed three hours. The continuous intramuscular drip first employed at Hill End and recently improved by a better system of automatic control is perhaps the most convenient method of systematic administration.

This form of treatment is necessary in septicaemia and in any local infection which is too deep-seated or extensive to be controlled by local application: examples are gas gangrene, osteomyelitis, infected compound fractures and pneumonia. Gonorrhoea is also treated in this way.

Local Treatment. This consists of applying a solution or other preparation of penicillin to the infection site itself. There are many indications for this and many ways of doing it: it is indeed in this direction that most progress has lately been made, since it may call for

ingenuity, whereas systematic treatment employs the same technique regardless of what condition is being treated. The development of this form of treatment is mainly a British achievement, and indirectly a product of the scantiness of our supplies of penicillin, which has compelled us to exercise economy in their use. Our transatlantic friends with vastly greater supplies have been much more lavish in their use and treated a much higher proportion of cases systematically.

There are some conditions in which local treatment is imperative: these include meningitis, since penicillin does not traverse the blood-brain barrier and must therefore be injected intra-theically. The same consideration applies to some extent to the pleural cavity, and empyema should be treated by injecting penicillin solution into the cavity itself. In these two situations penicillin is well retained and continues to act for many hours: elsewhere retention may be more difficult to secure, and surgical technique must be modified accordingly. Pus abscesses are aspirated and injected, as in the cases of staphylococcal breast abscess recently treated at Bart's, instead of being freely incised. Infected wounds and large joints should be sutured over small tubes through which penicillin solution is subsequently instilled. Where local treatment fails it is often because retention is mechanically impossible. Other conditions amenable to local treatment are burns, certain infections of the skin, notably impetigo and syphilis, and infections of the conjunctiva and cornea.

It is in local treatment, particularly of suppurative conditions, that penicillin most clearly excels as compared with the sulphonamides. It is the ideal antiseptic, and of the three reasons already given for its superiority, perhaps the most important is indifference to the breakdown products in pus which are known to inhibit sulphonamide action. Sulphonamides in blood and sulphonamides in pus are two entirely different things: penicillin in blood and penicillin in pus are the same.

That is in short the theory of penicillin therapeutics, and practice deduced from it cannot go far wrong. The indiscriminate and unintelligent use of which we shall doubtless see a good deal when supplies become generally available will be worse than wasteful: while there is still any scarcity of this remarkable substance it will be sinful.

* * * * *

THE UNTIMELY END OF AN OLD BART'S MAN

*A true account of the life (and works) of a
forgotten son of this Hospital.
Compiled by ALAN TOIS.*

Just on a 100 years ago there entered Bart's a young man whose name is almost certainly unknown to the present generation, and who left behind him scant record of his stay in the College books. But he became a great figure in his day, and the unknowing subject of an immense amount of posthumous literature, both here and in countries overseas that have probably never heard the names of Abernethy or Paget.

His life was a tragic one, and culminated in a tragic end, when at the early age of 32 he was attending some sort of governmental meeting in an important capacity and the platform gave way beneath his feet.

In his short span he seems to have had his full share of sorrow and mourning. His father died when he was young, then after seven years of apparently happy married life his wife was similarly taken from him. Four of his five children died in infancy, next his brother and a little later on his best friend, one John Cook, also tragically passed away.

His student days seem to have been his only happy ones. He had rooms in Bartholomew's Close, where he entertained his friends on a lavish scale, and, as one of his later biographers put it, "plunged gaily into the dissipations of the town." And in those days, mind you, there were real dissipations at hand to be plunged into. It was his habit to take his dinner at Evans's Supper-rooms in Covent Garden, where the clientèle was, shall we say, of the light-hearted type, and included a number of females that the nineteenth-century editors referred to as "unfortunates." He was probably a bright lad all the same, for he enjoyed his dissipations and at the same time passed his examinations—a feat that only one or two of our more admired students manage to accomplish to-day.

Once he had his Diploma in his pocket, he married a pretty little girl called Anne Brookes, whose charms were enhanced by a dowry of £1,500, and returned to his home in Staffordshire to breed race-horses and practice surgery, in the order of preference named. It was then that the carefree aura of his student days left him and death started following in his unhappy footsteps. First his four children, then

after a short but obscure illness his wife—the poor doctor was deeply distressed at her passing, and was heard many times moaning hopelessly into his cupped hands:

"My poor Anne in dead! I shall not live long after her!"

His great sorrow for her death was only tempered by his having thoughtfully insured her life with three companies for £13,000 just nine months previously, and the blow of the loss of his children perhaps softened by one of his maidservants presenting him, nine months after his wife's demise, with a new one.

Before his wife's body was cold he had penned notes to the insurance companies drawing their attention to the event (probably to get the whole unhappy affair over as soon as possible), and although one company were unaccommodating enough to reply that, in their practised eye at any rate, the whole affair looked rather fishy, the other two consoled the unfortunate husband to the tune of £8,000.

This apparently made him alive to the great social service being so capably performed by the insurance companies, and it needed no agent knocking on his door to convince him it would be a very good thing to insure for £80,000 the life of his brother (a long-established drunkard) and to take out a £10,000 policy on the life of one of his farm-hands called Bate, a worthy turnip-hoer, by all accounts, but one who even in these days of labour shortage could hardly be worth all that amount to a less fond employer. Unluckily the companies concerned considered he had done well enough for himself over his wife's life (on which, by the way, one premium only had been paid) and regretted that, things being as they were, they couldn't see themselves touching his application with the end of a barge-pole.

At this juncture Mr. Cook enters the miserable life of our friend. Both keen followers of the Turf, they went around together to the various meetings, lending and borrowing from each other, sharing the sorrows of their frequent losses and rejoicing together if one of them ever pulled off a long shot. Besides, Cook was an invalid, and was glad to have a Bart's man at hand to give him advice from time to time

—why, after he'd collected that packet on Pole Star at Shrewsbury had not his friend nursed him in the sudden alarming illness that overtook him during the night? And a little later on in the month, when he had a second attack of this terrible malady, did not this young doctor sit up with him to the dawn, and even give him his food with his own trained hands? And indeed, three nights later when he was writhing and screaming on his death-bed, was not his very last word the panted name of his old crony?

Our friend was terribly upset again, but cared for the affairs of poor Cook with his usual efficiency and promptitude. Ten minutes after his death, with the echo of his last scream almost hanging in the room, the doctor was found going through the dead man's pockets, lest some vandal of a servant should steal his ready cash. He also made arrangements for the funeral without losing any time, as the presence of his dear friend's body in the house was obviously a constant source of pain to him. Before he could get him decently interred, however, the poor chap's step-father appeared on the scene, took one look at the dead man's twisted features and clenched hands, and loudly demanded a post mortem.

At the P.M. our friend behaved rather queerly. As the pathologist was opening the stomach he gave him a violent push from behind that made his knife slip. A little later he might have been seen lying in wait outside the mortuary gate for the boy who was taking the jars of specimens to the analyst. When the lad appeared he offered him a gift of £10 if

he could somehow contrive to upset the whole lot over the roadway.

The upshot of *l'affaire Cook* was that our friend once more found himself in the Smithfield district, standing in the dock of the Old Bailey. It is difficult to say how much his antics in the mortuary had upset the "post-mortem appearances," but it is on clear record that one of the most startling and delightful aspects of the trial was the succession of doctors filing in and out of the witness-box swearing that the unfortunate Mr. Cook had, in their several opinions, been plucked from this life by the agency of inherited delicacy, mental excitement, syphilis, apoplexy, arachnitis, idiopathic tetanus, traumatic tetanus, angina pectoris, and epilepsy with tetanic complications.

The Judge, apparently not a believer in high-brow medicine, promptly diagnosed strychnine poisoning and told the jury as much. It was also declared by one and all that the doctor's wife and brother had met their fate in the same way, while as for his children it seems probable he had anticipated Marie Stopes by some decades and for economic reasons decided to limit the size of his family, by means of the same drug.

The resulting verdict, for a long time after criticized by unknown pamphleteers at home and abroad, declared that our ex-student was guilty. His name, by the way, was William Palmer, he is to be found in Tussaud's Chamber of Horrors, and, as I mentioned at the beginning of this short history, he was hanged by the neck until he was dead.

OF DISCOURSE

"SOME in their discourse desire rather commendation of wit, in being able to hold all arguments, than of judgement, in discerning what is true; as if it were a praise to know what might have been said, and not what should be thought. Some have certain common places and themes wherein they are good, and want variety; which kind of poverty is for the most part tedious, and, when it is once perceived, ridiculous. The honorablest part of talk is to give the occasion; and again to moderate and pass to somewhat else; for then a man leads the dance. It is good, in discourse, and speech of conversation, to vary and intermingle speech of the present occasion with argument; tales

with reason; asking of questions with telling of opinions; and jest with earnest: for it is a dull thing to tire, and, as we say now, to jade anything too far. As for jest, there be certain things which ought to be privileged from it; namely, religion, matters of state, great persons, any man's present business of importance, and any case that deserveth pity."

On reading this extract from the famous essay by FRANCIS BACON one is impressed by its relevance to-day. The precision of his style and the pithiness of his subject matter render his essays attractive to those who enjoy good English and little leisure. It may well be said of Bacon that writing made him an exact

man.

The tempo of modern life has reduced conversation from a pleasurable art to the level of a tourist's phrase book. The language in which we conduct the business of living has degenerated into the mere crude indication of desires and the passing on of information in a barren occupational jargon, which is almost devoid of the warmth of human feeling. This loss is felt more keenly in wartime when men and women, with widely differing backgrounds, are thrown together haphazard for long and wearisome hours of the night; and the night-time is the time for conversation. Yet how rare it is to meet a good conversationalist. The factors leading to his disappearance are many. Perhaps one of the most important is that the open hearth is vanishing from our homes; another the neglect of Bacon's exemptions from jest. Politics, religion and like subjects are charged with too much emotion to lend themselves to mellow discourse. To-day great men are held as fitting subjects for the common wit. "Some help themselves with countenance and gesture, and are wise by signs; as Cicero sayeth of Piso,

that when he answered him he fetched one of his brows up to his forehead, and bent the other down to his chin."

The noise incidental to modern city life has played its part in destroying the atmosphere necessary for private discussion. In a busy London street conversation is inaudible, and a clap of thunder will pass unheard. Others would attribute the loss of the art of conversation to "prefabricated" amusements. The attitude towards discourse has changed from that of a disinterested pastime in which personalities were lost in the shifting theme, to be replaced by factual discussion directed always towards particular ends. Now good conversation is too often dismissed as idle chatter. "Some, whatsoever is beyond their reach, will seem to despise or to make light of it as impertinent or curious; and so would have their ignorance seem judgement, (others) with a subtilty blanch the matter; generally, such men in all deliberations find ease to be of the negative side."

P. B. K. & F. J. C.

CORRESPONDENCE

AVE ATQUE VALE, POBO

To the Editor, St. Bartholomew's Hospital Journal
Sir,

It is likely that only the older, almost the oldest generation of Bart's men will know that the last word in the above heading, obviously not Latin, is the soubriquet bestowed on the late Dr. J. H. Thursfield, in the later days of the last century, by which he has ever since been affectionately known by certain of his friends.

Words are, of course, entirely inadequate to express the sense of loss brought about by his death: occasional, far too infrequent meetings with him have constituted one of the rarer amenities of existence during many years.

At the funeral service at Woking Crematorium on the 23rd June, only a brother, Mr. Philip Thursfield, his cousin, Admiral Harry Thursfield, and the writer of this short note were present.

As by his own wish no form of memorial is to be erected, after the service we three sought a suitable spot in the beautiful grounds for the scattering of the ashes.

The wanderer may find, at the end of a grassy path, a small enclosure, with a garden seat facing the opening in a low circular hedge; as the sward in front of this seat seemed a likely assembly-point for the birds he loved so well, this was the place selected.

B. H.

THE CATERING COMPANY

To the Editor, St. Bartholomew's Hospital Journal
Sir,

The Board of Directors of the Catering Company has appointed a small Sub-Committee to consider what changes will be required after the war. It occurs to me that many of those who have their meals at Bart's may have constructive ideas on this subject.

I would like to take this opportunity of inviting suggestions which might in any way be thought to improve the facilities provided for the students.

Yours faithfully,

JAMES MAXWELL.

17, Harley Street, W.1.

June 26th, 1944.

THE MAN BEHIND THE MOVES

To the Editor, St. Bartholomew's Hospital Journal
Dear Sir,

I read with great interest Dr. Harris's letter in the July number of the Bart's JOURNAL concerning the move of your students when the Second Front opened.

As you may imagine absolute "security" was necessary for this move and neither the places to which individuals, whether doctors, nurses or students, were to be sent nor the date could be notified until just before the move took place.

The fact that approximately 1000 individuals were moved on D-1 day without a hitch (apart from the temporary mislaying of a radiographer gallantly rescued by Mr. Capps) was entirely due to the whole-hearted co-operation of the Medical Superintendents and Matrons concerned and of the individuals moved—to all of whom the heartiest thanks are due from

Yours sincerely,

"THE MAN WHO PLANNED THE MOVES."

5th July, 1944.

VOICE OF THE PROPHET OR WRITING ON THE WALL?

To the Editor, *St. Bartholomew's Hospital Journal*
Dear Sir,

The face of our hospital is changing. Scattered by circumstances, curtailed by adversities, we fill our place in the ranks of London's hospitals to-day. Conscious at times of our traditions; alive to our ancestry; not unaware of our greatness. Yet greatness is mortal; ancestry is strength, not deeds; tradition is dynamic, full of effort, and if these things are to be kept our pride, we must revive the flagging spirit that is ours to-day.

Do we deserve our great—perhaps our failing—name? Are we in unison; do we pull together, students, staff, nurses and administration? Are we training the best for medicine to-morrow?

Perhaps those cheering crowds that surge along our touchlines could answer. Possibly the hundreds amongst us who cherish only the best in their hospital, the finest aims of their art of healing, could give reply. And would they not say:

1. We look to to-day's students for to-morrow's leaders of our craft. Their responsibility is to preserve themselves and their work beyond the present suspicion of the layman and beyond the reproach of posterity.
2. The war has brought us many tribes and many tongues. When we are certain that all our fellow-countrymen who wish to enter our profession have their national right to pride of place in entry to our medical schools, then as befits the greatness of our calling we welcome others who seek to join us in the work.
3. None can deny that amongst all student bodies to-day, there are a few who are unconcerned with the higher concepts of the practice of medicine. Encouraged by the hard alternatives of other forms of national service; attracted by some of the possibilities this profession presents, this few must be a bar, not only to our own progress, but to that understanding between profession and laity on whose confidence so much treatment depends.
4. It is essential to our good name; it is vital to our future, that we should attract to this hospital the best of that great crowd which lies beyond our gates. We are compelled by the insidious grip of State control, represented by their indispensable grant to our Medical College, to maintain the number of our student body. By our name and reputation alone can we ensure that that number contains the highest possible proportion of the best.
5. If the fair sex is one day to swing the stethoscope and wield the knife within these greying walls, let nostalgia make us jealous of our greatest gifts, and at least remind us where our

past was laid.

6. As oil in our lamp is the accrued devotion of the past; of men like Paget and Abernethy. The lamp still burns, but we must replenish it, or awake one day like foolish virgins in this world of dark disrespect.
7. Our administration must keep alive to the wideness of its task; to the needs of progress; to the importance of providing the best in modern equipment.

Our wards and our departments must honour their past in terms of intelligent appreciation of the value of discipline and service.

Our students must awake to the activities of the few who do battle in sport on their behalf; must share alike the slight responsibilities of wartime duties; must cherish the dignity of their calling in relationships with the patients of their hospital.

By regard to all these things it is possible that the Mother Hospital of the Empire may still deserve the name; by disregard of them it is certain that nonentity will overtake her greatness. These answers, then, they would give. If they had tongues.

I am, Sir,

Yours truly,

CASSANDRA.

The Abernethian Room,
St. Bartholomew's Hospital, E.C.1.,
June 10th, 1944.

PLANNING FOR SPORT

To the Editor, *St. Bartholomew's Hospital Journal*
Dear Sir,

In your May number I read with interest the article entitled "Planning for Sport," by J. H. G., and with greater interest I awaited the June number hoping to read the further suggestions for which the author had asked. But none came . . . at least, none were published.

Alas, Mr. G., what you said was correct, and what you suggested was sound; but your words fell upon stony ground. The answer to your problem is really as plain as a pikestaff. Bart.'s is no longer interested in sport.

I say "no longer interested" because you may be interested to know that, once upon a time, there was a period when Bart.'s was decidedly interested in this matter. A period in which a very large percentage of her students and, believe it or not, some of the housemen and even an occasional chief assistant could be found regularly on the playing fields of London.

These men of old played enthusiastically and hard. What is more important, perhaps fundamental, they played with the knowledge that the whole of Bart.'s approved of their playing. That no one thought them odd for playing, and no obstacles were placed in their way. That their seniors encouraged their playing, some believing that a man with courage on the field of play might have courage in the field of medicine, while others believed that exercise, far from being a deterrent to work, itself led to physical health, which actually encouraged mental efficiency.

With this knowledge these men played happily, healthily, and well. So well in fact did they play, in these halycon days it was Bart.'s who lead in the field of sport, and, perhaps coincidentally, in the field of medicine also.

But these days are gone Mr. G., and you must

realise this ere you break your spirit against the illusion that Bart.'s will rise to your cry. What is required is a complete change of attitude by the whole hospital on the subject of sport, and until the present apathy is buried with the ignominy which it deserves, your plans will never mature.

Let not the few sportsmen in Bart.'s be disappointed that they must continue to play without encouragement, for one day I hope the pendulum will swing back, the spirit of our forebears will live again, and then the few sportsmen of the last ten

years will be glad that they did carry on the fine traditions of Bart.'s through these lean and discouraging years.

Until then, Mr. G., join me in sadly watching the horizon for the coming of this renaissance, hoping, hoping, hoping that it may not be too late.

I am, Sir,
Your obedient servant,
JAMES T. HAROLD,
"Somewhere in the Army."

BOOK REVIEWS

BROMPTON HOSPITAL REPORTS. A Collection of Papers Recently Published from the Hospital. Volume XII. 1943. (Pp. 163; illustrated. Copies obtainable from the Secretary, The Hospital for Consumption, Brompton, London, S.W.3. 8s. 7d. post free). Aldershot: Gale and Polden, Ltd.

All the papers in this volume have been published elsewhere with the exception of one entitled "A Problem in Diagnosis and Treatment," in which a case of chronic localised pulmonary suppuration is discussed.

The publication of Annual Hospital Reports has often been criticised on the grounds that material worth publishing will have already appeared in the general medical press and that the rest does not matter. Such criticism has a certain element of truth when applied to Reports coming from a general hospital, but, in the case of special hospitals, many of the papers will have been published in special journals with a relatively small circulation, so that their collection into one volume reduces the labour of anyone wishing to know the views of those recognised as experts in that speciality. This volume annually fulfils that function.

The first article (reprinted from the British Medical

Journal) is a report from the Hospital Research Department by Dr. Margaret Macpherson and will have already received wide attention. In this paper shallow pneumothorax treatment is advocated for the early case of pulmonary tuberculosis discovered by mass radiography. This suggestion will undoubtedly arouse considerable discussion.

The two articles on Thoracoplasty by C. Price Thomas and W. P. Cleland are perhaps the best yet published on the subject in this country. The most striking fact which emerges from the review of the results of the operation is that those cases with less than two years' history do much better than more chronic cases.

R. C. Brock's paper on artificially-produced pleurisy for the manufacture of pleural adhesion has already had a widespread effect on intrathoracic surgery as well as on the treatment of recurrent or chronic spontaneous pneumothorax.

The description of the bronchial tree by A. F. Foster-Carter is a valuable addition to his previous publications on the subject as it is less detailed and hence more acceptable to the average reader.

But the contents of this volume must be left to the reader who will be well-repaid for his purchase if he has any interest in disorders of the chest.

HANDBOOK OF DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES, by A. E. W. McLachlan, M.B., Ch.B. (Edin.), D.P.H., F.R.S.Ed. (E. & S. Livingstone, 15s.)

Not only by their present war-time increase do the venereal diseases compel the attention of the practitioner, but the branches that spring from the seed of their first infection infiltrate general medicine and surgery to an extent that requires the student often to keep syphilis and gonorrhoea in mind before making a diagnosis.

Dr. McLachlan's book fills a want in presenting clearly the manifestations of V.D.

A TEXTBOOK OF MEDICINE FOR NURSES. By E. Noble Chamberlain, M.D., M.Sc., F.R.C.P. (Oxford University Press; price 21s.)

This is on the whole a very comprehensive book on Medicine for Nurses.

It is now published in its fourth edition. Many changes have been made and in some chapters the subject matter has been re-arranged. New material has been added, especially in the chapters dealing

in a volume of the right size—not short enough to be in the nature of a synopsis nor long enough to be useless to the elementary student and to the busy practitioner desirous of quickly refreshing his knowledge or treating cases in his own practice.

Syphilis and gonorrhoea occupy most of the book, though chapters on chancroid, urethroscopy and conditions commonly referred to the Venereal Disease Department are included. The volume contains several tables conveniently marshalling facts for differential diagnosis, as well as 159 illustrations which are, with one or two exceptions, clear and helpful.

with therapeutics and diseases of the blood. The recent advances in these subjects are of interest to nurses.

More detail on the administration of oxygen would have been an advantage.

With the help of clear and increased number of illustrations, nurses should find the book very informative.

INDUSTRIAL MEDICINE, Edited by Sir Humphrey Rolleston, Bt., G.C.V.O., K.C.B., M.D., F.R.C.P., and Alan Moncrieff, M.D., F.R.C.P. (Eyre & Spottiswoode, 16s.)

This is a further addition to the well-known "Practitioner Series," a growing library that needs no introduction.

"Industrial Medicine" is intended primarily for the hard-worked practitioner with many patients who spend the greater part of their waking hours in a factory—a not inconsiderable fraction of the com-

munity these days—and who cannot himself spare the time to see the conditions under which they work. "Industrial" is, however, used in a wide sense, and includes not only the diseases likely to befall factory workers, but miners, quarrymen, dockers, ship assistants, and the "black-coated" workers also. Chapters deal with Backstrain, Neurosis in Industry, Malingering, Fatigue and Boredom, and Nutritional Problems as well as the treatment of the injured workman and occupational diseases.

PARODONTAL DISEASE, by E. Wilfred Fish, M.D., Ch.B., L.D.S. (Manc.), D.D.Sc. (Melb.), D.Sc. (Lond.). (Eyre & Spottiswoode, 18s.)

The preface to this book states: "It is hoped that the senior medical student will not regard the subject as too specialised for his attention. Apart from the clinical importance to him of Vincent's acute ulcerative stomatitis, the chronic forms of gingival inflammation affect nearly every patient who still possesses his own natural teeth. Moreover, the problem of the association of focal sepsis and the general health has always been shelved, rather than solved. . . ."

AN INTRODUCTION TO PHARMACOLOGY AND THERAPEUTICS, by J. A. Gunn, M.A., M.D., D.Sc., F.R.C.P. (Humphrey Milford. English price 7s. 6d.)

It gives us great pleasure to recommend our old friend "Gunn," whose worth has often proved itself in the stern atmosphere of the examination room as well as by its seven editions in the past fifteen years.

This short, concise, clear and comprehensive book, if studied with reasonable diligence and backed with good lecture notes and practical classes, will be very useful to the harassed student fitting in

No one will disagree with the two latter sentences: however, this book, though not large, is too specialised for the overburdened medical student. Its publishers state it is intended for the general practitioner of dentistry, its suitability in which respect we are in no position to judge. It contains chapters on the nature, diagnosis, course and treatment of parodontal disease and acute ulcerative stomatitis, which are worth the perusal of interested and inquiring medical eyes, though the chapters dealing with the operation of gingivectomy seems, again, too specialised for the casual medical reader; which censure also applies to the excellent plates forming the Atlas of Pathology at the end of the book.

his pre-clinical pharmacology with his anatomy and physiology, or preparing himself, perhaps after a too leisurely long vacation term, for his Cambridge Pharmacology Exam., or its equivalents. It has for some years been popular with students, and there is no reason why its popularity should not be maintained.

The new edition includes the more permanent changes involved in the latest five Addenda to the British Pharmacopoeia, and also brings it into line with recent advances in pharmacology and therapeutics.

* * *

It is with regret we have to record the resignation of the JOURNAL's energetic Manager, Mr. Tony Livingstone, who has so capably kept our bank-balance in blue figures for many months past. His place has been taken by Mr. James Conway.

* * *

The post of Assistant Editor has been filled by Mr. Peter Banks.

* * *

All contributions for the September issue of the JOURNAL should reach the JOURNAL Office, in the Pathology Block, by August 13th.

* * *

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

ANDREWES, C. H. (and King, H. Van den Ende, M., and Walker, J.). "Substances Chemotherapeutically Active Against Typhus Rickettsiae." *Lancet*, June 17, 1944, pp. 777-781.

CURTISS, E. S. "Pentothal Sodium in North Africa." *Lancet*, June 24, 1944, pp. 822-824.

CUTHBERT, J. B. "Comminuted Fractures of Mandible." *Lancet*, June 10, 1944, pp. 748-750.

- FLETCHER, E. "Ankylosing Spondylitis." *Lancet*, June 10, 1944, pp. 754-756.
- GAISFORD, W. F. "Tuberculosis in Childhood." *Practitioner*, July, 1944, pp. 22-28.
- HOWELL, T. H. "The Future of Post-Graduate Education." *Post-Grad. Med. J.*, May, 1944, pp. 152-154.
- LANGSTON, H. H. (and Ellis, V. H., and Ellis, J. S.). "Treatment of Fractures of the Femoral and Tibial Shafts in the Same Limb." *Lancet*, June 17, 1944, pp. 786-787.
- MARTIN, J. P. "Venous Thrombosis in the Central Nervous System." *Prac. Roy. Soc. Med.*, May, 1944, pp. 383-386.

- MILES, A. A. "Epidemiology of Wound Infection." *Lancet*, June 24, 1944, pp. 809-813.
- ROCHE, A. E. "Pseudo-Hæmaturia after Eating Beetroot." *Med. World*, June 23, 1944, pp. 541-543.
- ROLLESTON, Sir H. "Respiratory Folklore." *Tubercle*, Jan./Feb., 1944, pp. 7-12.
- SHAW, W. "The National Health Service." *Brit. Med. J.* (Suppl.), June 17, 1944, pp. 147-149.
- SHUCKSMITH, H. S. (and Harrison, G. K.). "Clinical Aspects of Neoplasms of the Testis and Case Reports." *J. Roy. Army Med. Corps*, May, 1944, pp. 232-234.

* * *

At HILL END

When asked to write notes on the month at Hill End I read through a large stack of back numbers of this JOURNAL to see how my predecessors had tackled the job. I found that there were two almost unbroken traditions. The first never to say "I," but "we" or even "your correspondent"; the second to point out in the course of the first paragraph that nothing world shattering had happened at Hill End during the last month. At the risk of seeming unduly egotistical, I intend to break the first of these conventions, having been brought up to believe that the use of the royal *we* is the prerogative of the King, assumed all too often by the editors of provincial newspapers. The second I should like to break, but a high regard for truth does not enable me to. Nothing world shattering has occurred at Hill End—not so much as a single flying bomb, not that I could mention it if there had been.

The most important event in the social life of the Hospital has been the production of *House-master*, which will be reviewed later. Suffice it for me to say that the greatest credit is due to all concerned. The Choral Society also performed this month, singing with great verve extracts

from Gilbert and Sullivan operas. Two further successful and highly contrasted colloquies were held under the benevolent chairmanship of John Cozens-Hardy: The Rev. T. R. Milford, Vicar of the University Church, Oxford, gave a scholarly and abstract talk on the Resurrection of the Body; the Rev. Ted Wickham, Industrial Chaplain to the Diocese of Sheffield, spoke on *The Human Problem* and the relationship between the Christian, the economic and the medical solutions of that problem.

Other activities go on much as usual; Scotch dancing continues with unabated fury on Wednesday evenings—happily, casualties from this savage rite have been gratifyingly low this month. Perhaps I should add that we have managed to do some work this month. This might seem superfluous, but nowadays it seems the fashion, not only for the public but also for medical men (admittedly from other hospitals), to denounce medical students as lazy, unobservant, uncultured and the persons least suited to the study of medicine; so I thought it might be as well to point it out. It is high time that as a body we hit back at our ever-willing detractors.

H. W. C.

SPORTS

ATHLETIC CLUB

The annual general meeting of the club was held on May 31st, with Mr. J. P. Hosford in the chair. The President and Vice-Presidents were re-elected, and Prof. Paterson Ross was elected as a Vice-President. A. E. Fyfe was elected captain, K. M. Blackhouse secretary, and T. W. A. Glenister assistant secretary. Mr. J. P. Haile, J. O. Andrew, I. T. Holloway and V. C. Morris were elected to the Committee.

It was decided that once again the club should assist the London University Tyrian Club and the United Hospitals Hare and Hounds Club rather than run its own matches.

Mr. J. P. Haile and K. M. Backhouse were elected to the committee of the United Hospitals Hare and Hounds at the annual general meeting of that club.

United Hospitals War-time Cross Country Championships (for the Kent-Hughes Cup), London

University War-time Championships and United Hospitals v. London University. At Roehampton on April 23rd.

These competitions were run off concurrently. After much scrapping for men, who thought themselves fit enough on war-time food and "labours" to run across five miles of rather difficult country, we raised a team. It consisted largely of youthful enthusiasts from Cambridge, rather than the more seasoned veterans from the clinical school. This, however, did not appear to affect our morale very greatly, and after a somewhat gruelling course we all managed to finish in satisfactory time. As a result of good bunching and team work rather than individual brilliance we beat the London Hospital into second place and took the Kent-Hughes cup. In the London University Championships, however, we were placed second to Imperial College with London Hospital third.

It was unfortunate that the Middlesex Hospital, owing to the small-pox outbreak at Mount Vernon Hospital and the subsequent vaccinations, were unable to enter the very strong team that had been feverishly preparing for this meeting. We are also sorry that owing to examinations and vacations we were unable to run a separate match with the Middlesex, who were very keen to meet us if it could have been arranged.

In these two events the Bart's team (in order of finishing) was Morris, Backhouse, Williams, Glanville, Abbot, A.N. Other.

In addition some of the Bart's team assisted the United Hospitals to beat the University of London.

U.L.A.U. (Cambridge) Championships.

These were held in May in Cambridge, and although Bart's (Preclinicals) raised the largest number of entrants they were beaten by the odd point by Queen Mary College, with L.S.E. a poor third.

United Hospitals War-time Championships.

These were held in conjunction with the London University War-time Championships at Parliament Hill on June 3rd.

Bart's entered, what seemed on paper to be, a strong team, and many people keen to turn out could not be included. Unfortunately first-class school reputations counted for nothing, our supposed crack men seemed to crack up, and several people didn't even arrive. In each event we showed a strong inclination not to impress ourselves upon the world and so finished the day fifth with 8 points, the finishing order being Middlesex, London, St. Thomas's, St. Mary's, and Bart's, followed by the Royal Dental. Our points were made by A. E. Fyfe, who was second in the furlong and third in the 440 yards, whilst K. M. Backhouse was second in the $\frac{1}{2}$ mile. I. T. Holloway, who came out of a virtual retirement, ran well in the 3 miles, but could not make the pace, whilst H. D. Dale, who last year ran well in the 100 yards and 120 yards Hurdles, was ill, and although he ran in 100 yards heats, was unable to continue. Morris and Dobson both coming up to Bart's with excellent schoolboy reputations over the mile, showed complete lack of training and initiative over that distance and did not at any time look very hopeful for a place. Cole and Slayden of Middlesex showed their usual complete mastery of the situation, and were first and second respectively in the mile, and Cree also won the 3 miles. Winstone, Glanville and Bass also turned out for Bart's.

Several Bart's men did good work as track officials, but the smattering among the spectators was almost imaginary.

The Annual Sports Day was held this year on Saturday, June 24th, at Foxbury Chislehurst. Although there was a number of men away doing various "second-front" duties, and "wombats" were annoying the South of England and making travel rather doubtful, we decided to continue with the meeting. As a result of these emergencies the usual dance was cancelled.

Many of the "chiefs" were unable to come on account of extra war-time duties, but we were very pleased that Dr. George Graham, Prof. Geoffrey Hadfield and Lt.-Col. H. B. Lee, R.A.M.C., were able to assist as judges. Mr. D. B. Fraser, with the efficient keenness of an old athlete, carried out the duties of timekeeper, handing over his almost traditional megaphone to Mr. James Smith. Thanks to Mr. Smith's keen wit and ability the meeting went like clockwork, as near to time as a Bart's Sports Day ever was.

Lt.-Col. Lee, who turned out last year (after an illness) and ran in borrowed kit, arrived this year all set for action and showed many a worthy youngster his heels.

That spirit we regret is absent in so many of our contemporary students.

A. R. Corbett, who was unable to turn out in a more active way, was the starter.

The 3 miles championship had been run at Fenner's (Cambridge) on Wednesday, June 14th, but was very poorly attended by spectators from the Preclinicals. In fact so poor was the support that the starter, timekeeper and judge were one and the same person.

Unlike the traditional Bart's Sports Day the weather was warm and sunny and hence seemed more conducive to pleasant relaxation than to good athletics. Among the number of ladies present, we noted especially two ex-Bart's army nursing sisters who had come back for the event. Some gentlemen, however, did not appear to consider that the sports day was the correct place for ladies and were seen to depart fairly early in the afternoon to the arms of the beloved. We therefore suggest that next year the meeting place be the Bart's Sports.

During the day Mr. D. B. Fraser was seen to be hurling various forms of impediments, but ceased as soon as he realised the discovery of his efforts—the ghost of the old athlete haunts the scenes of his triumphs.

All the events were completed for with the exception of the "Housemen's 100" and the Tug-o-war. The former was due to a lack of housemen, the second to an over zealous judge testing the rope too vigorously.

The prizes and trophies were graciously presented by Mrs. Geoffrey Hadfield, who was ably supported by her husband.

RESULTS.

100 yds. Championship (for the Bowlby Cup): 1, Fyfe; 2, Glenister; 3, Andrew.

220 yds. Championship (for the Griffith Cup): 1, Fyfe; 2, Glenister; 3, Neilson.

440 yds. Championship (for the Mrs. Harrison Cripps Cup): 1, Fyfe; 2, Winstone; 3, Glenister.

880 yds. Handicap: 1, Timmis (80 yds.); 2, Backhouse (Scr.); 3, Lt.-Col. Lee (20 yds.).

1 mile Championship (for the Mrs. Morley Fletcher Cup): 1, Backhouse; 2, Lt.-Col. Lee; 3, Holloway (I.T.).

3 miles Championship (for the Sir Charles Gordon-Watson Cup): 1, Backhouse; 2, Morris; 3, Glanvill (M.E.).

120 yds. Handicap: 1, Winstone; 2, Glenister; 3, Dosseter.

120 yds. Hurdles (for the B. N. Ash Cup): 1, Andrew; 2, Domaingue; 3, Backhouse.

Long Jump (for the Edgar Hartley Kettle Cup): 1, Dosseter; 2, Hunt; 3, Domaingue.

High Jump (for the Mrs. Reginald. Vick Cup):

1, Domaingue; 2, Andrew; 3, Walker-Brash.

Putting the Weight (for the B. N. Ash Cup):

1, Fyfe; 2, Walker-Brash; 3, Andrew.

Throwing the Discus (for the B. N. Ash Cup):

1, Walker-Brash; 2, Winstone; 3, Fyfe.

Throwing the Javelin: 1, Walker-Brash; 2, Hunt;

3, Dosseter.

4 by 220 yds. Relay (for the Drysdale Cup): 1, Cambridge-Hill End; 2, Friern.

* * *

ANNOUNCEMENTS

CHANGE OF ADDRESS

Dr. George Simon. Address now: 15, Upper Wimpole Street, W.1. Tel. Wel. 5903.

Dr. D. M. Tomson. Address now: Wescroft, Dartford, Kent. Tel. 2594.

EXAMINATION RESULTS

UNIVERSITY OF CAMBRIDGE

FINAL M.B. EXAMINATION

EASTER TERM, 1944.

Part I.

Andrew, J. D.
Beard, T. C.
Bethell, M. F.
Gregory, B. A. J. C.
Headley, P. R.
Leech, K. W.

Roberts, G. F.
Roberts, J. M.
Robinson, P. K.
Westall, P. R.
Yerbury, G.

Part II.

Brazier, D.
Hartley, C. E.
Roberts, C. F.

Veater, D. G.
Westall, P. R.
Wingate, A. P.

CONJOINT BOARD

PRE-MEDICAL EXAMINATION

JUNE, 1944.

Chemistry.

Batt, B. J.
Physics.
Wallace, J. R. C.
Beattie, A. O. C.

Cohen, H.
Vercoe, M. G. S.

Biology.

Wallace, J. R. C.
Beattie, A. O. C.

Mager, M. E.

FIRST EXAMINATION

Anatomy.

Griffiths, E. R.
Shattock, F. M.
Maitland, R. I.
Davy, P. H.
Powell, F. J.

Physiology.

Tucker, D. K.
Powell, F. J.
Davy, P. H.

Adams, K. J.
Bendas, J.
Bradfield, G. P.
Clifford, W. E.
Moser, J. B.

Berman, J. M.
Bradfield, G. P.
Graham-Stewart, J. C.

Griffiths, E. R.
Maitland, R. I.
Adams, K. J.
Bendas, J.

Pharmacology.

De Vitre, H. R.
Bhagan, K. A.
Murley, A. H. G.
Richter, D.

Ussher, C. W. J.
Bomonji, T. R.
Maude, A. R. S.

Alment, E. A. J.
Sharrod, F. J.
Wand-Tetley, J. I.
Ballantine, R. I. W.

new



'MYOCRISIN' **booklet . . .**

A new edition of this much requested publication is now available. Following American investigations on the subject, the pharmacological sections have been re-written and reflect the recent trend of opinion concerning the mode of action of gold from stimulation of the reticulo-endothelial system to the original conception of a direct bacteriostatic or bactericidal action. The gold therapy of rheumatoid and other forms of arthritis is described, as is its use in various dermatoses and other conditions. The reactions which may occur during gold therapy are discussed in their aetiological, prophylactic and therapeutic aspects and there are notes on the erythrocyte sedimentation rate. A bibliography of the more important papers on the different aspects of gold therapy is appended.

A copy of the 'Myocrisin' booklet is free on request for members of the medical profession.

'MYOCRISIN'

TRADE MARK

BRAND

sodium aurothiomalate

MANUFACTURED BY

MAY & BAKER LTD

DISTRIBUTORS

PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD. DAGENHAM